

Special Exposure Cohort Petition
under the Energy Employees Occupational
Illness Compensation Act

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

OMB Number: 0920-0639

Expires: 05/31/2007

Special Exposure Cohort Petition — Form B

Page 2 of 7

B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.

B.1 Name of Survivor: _____
Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor: _____

B.3 Address of Survivor: _____
_____ Apt # P.O. Box
City State Zip Code

B.4 Telephone Number of Survivor: _____

B.5 Email Address of Survivor: N/A

B.6 Relationship to Employee: ☐ Spouse ☐ Son/Daughter ☐ Parent
☐ Grandparent ☐ Grandchild

Go to Part C.

C Employee Information — Complete Section C UNLESS you are a labor organization.

C.1 Name of Employee: _____
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):
N/A
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee: _____

C.4 Address of Employee (if living):
N/A
Street Apt # P.O. Box
City State Zip Code

C.5 Telephone Number of Employee: () -

C.6 Email Address of Employee: _____

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): N/A

C.7b Dates of Employment: 8 1947 End /1987

C.7c Employer Name: Blockson Chemical Company/Olin Chemical Company,

C.7d Work Site Location: Building 55
Joliet, Illinois

C.7e Supervisor's Name: Unknown

Go to Part E.

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

Page 3 of 7

D Labor Organization Information — Complete Section D ONLY if you are a labor organization.

D.1 Labor Organization Information:

Name of Organization

Position of Contact Person

D.2 Name of Petition Representative:

D.3 Address of Petition Representative:

Street

Apt #

P.O. Box

City

State

Zip Code

D.4 Telephone Number of Petition Representative: () - _____

D.5 Email Address of Petition Representative: _____

D.6 Period during which labor organization represented employees covered by this petition
(please attach documentation): Start _____ End _____

D.7 Identity of other labor organizations that may represent or have represented this class of
employees (if known):

Go to Part E.

Name or Social Security Number of First Petitioner: _____

Name or Social Security Number of First Petitioner:

Special Exposure Cohort Petition — Form B

F Basis for Proposing that Records and Information are Inadequate for Individual Dose —
Complete Section F.

Complete at least one of the following entries in this section by checking the appropriate box and providing the required information related to the selection. You are not required to complete more than one entry.

- F.1 ☒ I/We have attached either documents or statements provided by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that potential radiation exposures were not monitored.

Please note attached Affidavits. Said Affidavits of former employees
or spouses or other related family members detail that workers at the
Blockson Chemical plant (Building 55) were not provided with protective
gear, that their exposure to radioactive materials was not monitored
and that there was no area monitoring conducted by either Blockson
Chemical or the Federal Government.

- F.2 ☐ I/ We have attached either documents or statements provided by affidavit that indicate that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the employees worked.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that radiation monitoring records for members of the proposed class have been lost, altered illegally, or destroyed.

Part F is continued on the following page.

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

Page 6 of 7

- F.3 ☐ I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AWE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation guidelines.

(Attach report to the back of the petition form.)

- F.4 ☐ I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of employees covered by the petition.

(Attach report to the back of the petition form.)

Go to Part G.

G Signature

— Complete Section G.

All Petitioner

Maximum of three persons may sign the petition.

Sir

Date

Signature

Date

Signature

Date

Notice: Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to:
SEC Petition
Office of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway, MS-C-47
Cincinnati, OH 45226

**If there are additional petitioners, they must complete the Appendix Forms for additional petitioners.
The Appendix forms are located at the end of this document.**

Name or Social Security Number of First Petitioner: _____

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Privacy Act Advisement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

Name or Social Security Number of First Petitioner _____

Special Exposure Cohort Petition
under the Energy Employees Occupational
Illness Compensation Act

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Petitioner Authorization Form

OMB Number: 0920-0639

Expires: 05/31/2007

Page 1 of 2

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit,

Instructions:

If you wish to petition HHS to consider adding a class of employees to the Special Exposure Cohort and you are NOT either a member of that class, a survivor of a member of that class, or a labor organization representing or having represented members of that class, then 42 CFR Part 83, Section 83.7(c) requires that you obtain written authorization. You can obtain such authorization from either an employee who is a member of the class or a survivor of such an employee. You may use this form to obtain such authorization and submit the completed form to NIOSH with the related petition. Please print legibly.

For Further Information: If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: 1-800-356-4674.

Authorization for Individual or Entity to Petition HHS on Behalf of a Class of Employees for Addition to the Special Exposure Cohort

I, _____
Name _____ Member or Survivor

Street Address of Class Member or Survivor _____ Apt. # _____ P.O. Box _____

City, State, Zip Code of Class Member or Survivor _____

do hereby authorize:

Name of Petitioner _____

Address of Petitioner _____ Apt. # _____ P.O. Box _____

City, State and Zip Code of Petitioner _____

to petition the Department of Health and Human Services on behalf of a class of employees that includes:

Name of Class member (employee, not the employee's survivor) _____

for the addition of the class to the Special Exposure Cohort, under the Energy Employee's Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385).

In providing this authorization, I recognize that the petitioner named above will have all the rights of a petitioner as provided for under 42 CFR Part 83.

Signature of Class member or Survivor _____

Date 7/15/07

Name or Social Security Number of First Petitioner: _____

Petitioner Authorization Form

OMB Number: 0920-0639

Expires: 05/31/2007

Page 2 of 2

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-0639. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Name or Social Security Number of First Petitioner: _____

SPECIAL EXPOSURE COHORT PETITION

FORM B
SECTION F
ITEM F.1

SUPPORTING DOCUMENTS

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

Employee,

, Claimant.

)
)
)
)
)

File No

AFFIDAVIT

I, _____, being first duly sworn, deposes on oath states, that if called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the daughter of _____ and have both direct and indirect knowledge as to the following facts through both personal experience and discussions with my father:
 - A. That _____ was employed at Blockson Chemical from _____ of 1947 through _____ of 1987.
 - B. That _____ regularly worked in Building 55 at the Blockson Chemical plant in Joliet, Illinois from 1952 through 1962 in the capacity of _____.
 - C. That _____ regularly worked more than 40 hours per week at Blockson Chemical during the aforementioned time frame.
 - D. That _____ as never provided with any protective gear as part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored _____ exposure to radioactive materials.

- F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.
3. That in 1996, my father was diagnosed with
4. That in 1998, my father passed away as result of the cancer.
5. That in 2002, I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of my father,
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12-14-05
DATE

WITNESS

12-14-05
DATE

IN RE THE MATTER OF:

File No.

l'aimant.

, being first duly sworn, deposes on oath states, that if

called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability and have direct and personal knowledge as to the following facts:
 - A. That I was employed at Blockson Chemical from 1947 through 1989.
 - B. That I regularly worked in Building 55 at the Blockson Chemical plant in Joliet, Illinois between the years of 1952 and 1962 in the capacity of
 - C. That I regularly worked more than 40 hours per week in at Blockson Chemical during the aforementioned time frame
 - D. That I was never provided with any protective gear as part of my employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored my exposure to radioactive materials.
 - F. That neither the government nor Blockson Chemical ever monitored the radiation levels of Building 55 during the period of my employment.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT

IN RE THE MATTER OF:

Employee,

Claimant.

File No

AFFIDAVIT

being first duly sworn, deposes on oath states, that if
called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the wife of have both direct and indirect
knowledge as to the following facts from personal knowledge and discussions
with my husband:
 - A. That was employed at Blockson Chemical
between 1948 and 1983.
 - B. That regularly worked in Building 55 at the
Blockson Chemical plant in Joliet, Illinois between the years of 1952 and
1962 as
 - C. That regularly worked more than 40 hours per
week at Blockson Chemical during the aforementioned time frame.
 - D. That was never provided with any protective gear
as part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored
exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.

3. That in 1996, was diagnosed with
4. That on 1996, passed away as result of his cancer.
5. That I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12-15-05
DATE

WITNESS

12/15/05
DATE

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

employee,
Claimant.

)
)
)
)
)

File No.

AFFIDAVIT

being first duly sworn, deposes on oath states, that if called
as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the wife of _____ and have both direct and indirect knowledge as to the following facts through both personal experience and discussions with my husband:
 - A. That _____ as employed at Blockson Chemical between 1951 and 1966.
 - B. That _____ regularly worked in Building 55 at the Blockson Chemical plant in Joliet, Illinois between the years of 1952 and 1962 in the capacity of _____
 - C. That _____ regularly worked more than 40 hours per week at Blockson Chemical during the aforementioned time frame.
 - D. That _____ was never provided with any protective gear as part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored _____ exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.

3. That in 2002, was diagnosed with
4. That 2002, passed away as result of his cancer.
5. That on or about 2002, I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my ^{husband's} ~~father's~~ exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12/14/05

DATE

WITNESS

DATE

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

),
)
) , Employee,) File No.
)
) , Claimant.)

AFFIDAVIT

I, _____, being first duly sworn, deposes on oath states, that if
called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the daughter of _____ and have both direct and indirect
knowledge as to following facts from personal experience and discussions with
my father:
 - A. That _____ was employed at Blockson Chemical between
1951 and 1983.
 - B. That _____ regularly worked in Building 55 at the
Blockson Chemical plant in Joliet, Illinois between the years of 1952 and
1962.
 - C. That _____ regularly worked more than 40 hours per week
at Blockson Chemical during the aforementioned time frame.
 - D. That _____ was never provided with any protective gear
as part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored
_____ exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.

3. That in 1989, was diagnosed with
4. That , 1989, passed away as result of his cancer.
5. That i 2001, I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12-16-05
DATE

WITNESS

12-16-05
DATE



F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.

3. That in 1985, was diagnosed with
4. That 1995 passed away as result of his cancers.
5. That I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my ~~father~~^{HUSBAND}'s exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12-20-05
DATE

WITNESS

12.20.05
DATE

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

Employee,

Claimant.

)
)
)
)
)

File No

AFFIDAVIT

being first duly sworn, deposes on oath states, that if

called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the wife of _____ and have both direct and indirect knowledge of the following facts from personal knowledge and discussions with my husband:
 - A. That _____ was employed at Blockson Chemical between 1951 and 1968.
 - B. That _____ regularly worked in Building 55 at the Blockson Chemical plant in Joliet, Illinois between the years of 1952 and 1962 as _____
 - C. That _____ regularly worked more than 40 hours per week at Blockson Chemical during the aforementioned time frame.
 - D. That _____ was never provided with any protective gear as part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored _____ exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.

3. That [redacted] was diagnosed with [redacted]
4. That on 97 [redacted] passed away as result of his cancer.
5. That in 2001, I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of [redacted]
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent. *Husband's*

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12-20-05
DATE

WITNESS

12-20-05
DATE

- A. That [redacted] was employed at Blockson Chemical from 1947 to 1958.
- B. That [redacted] regularly worked in Building 55 at the Blockson Chemical plant in Joliet, Illinois from 1952 through 1958 in the capacity of [redacted]
- C. That [redacted] regularly worked more than 40 hours per week at Blockson Chemical during the aforementioned time frame.
- D. That [redacted] was never provided with any protective gear as part of his employment with Blockson Chemical.
- E. That neither the government nor Blockson Chemical ever monitored [redacted]'s exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of ⁵ employment.

3. That i 1961, was diagnosed with
4. That on 1961, passed away as result of his cancer.
5. That in f 2001, I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of my father.
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12/14/05
DATE

12/14/05
DATE

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

Employee,

Claimant.

File No

AFFIDAVIT

being first duly sworn, deposes on oath states, that if
called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the daughter of _____ and have both direct and indirect knowledge as to the following facts through personal knowledge and discussions with my father:
 - A. That _____ was employed at Blockson Chemical from _____ 1947 through _____ 1981.
 - B. That _____ regularly worked in Building 55 at the Blockson Chemical plant in Joliet, Illinois from 1952 through 1962 in the capacity of _____
 - C. That _____ regularly worked more than 40 hours per week at Blockson Chemical during the aforementioned time frame.
 - D. That _____ was never provided with any protective gear as part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored _____'s exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of s employment.

3. That .991, my father was diagnosed with
4. That or 1991, my father passed away as result of his cancers.
5. That on , 2004, I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of my father
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

12/20/05
DATE

WITNESS

12/20/05
DATE

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

Employee,

, Claimant.

File No.

AFFIDAVIT

I, _____ being first duly sworn, deposes on oath states, that if
called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the wife of _____ and have both direct and indirect
knowledge as to the following facts through personal experience and discussions
with my husband:

- A. That _____, born _____ was employed at
Blockson Chemical between _____, 1952 and _____ 1980.
- B. That _____ regularly worked in Building 55 at the Blockson
Chemical plant in Joliet, Illinois between the years of 1952 and 1962 as
the _____
- C. That _____ regularly worked more than 40 hours per week at
Blockson Chemical during the aforementioned time frame.
- D. That _____ was never provided with any protective gear as
part of his employment with Blockson Chemical.
- E. That neither the government nor Blockson Chemical ever monitored
_____ exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of my husband's employment.

3. That on or about 1986, was diagnosed with
4. That on or about 1986, passed away as result of his cancer.
5. That I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my ^{HUSBAND} father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

— 12-23-2005
DATE

WITNESS

12/23/05
DATE

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

Employee,)	
)	
Claimant.)	File No.
)	

AFFIDAVIT

I, _____, being first duly sworn, deposes on oath states, that if called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the son of _____ and have both direct and indirect knowledge as to the following facts though personal knowledge and discussions with my father:
 - A. That _____ was employed at Blockson Chemical between _____ and _____ of 1955.
 - B. That _____ regularly worked in Building 55 at the Blockson Chemical plant in Joliet, Illinois as a _____.
 - C. That _____ regularly worked more than 40 hours per week at Blockson Chemical during the aforementioned time frame.
 - D. That _____ was never provided with any protective gear as part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored _____ exposure to radioactive materials.

F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.

3. That in 1996 was diagnosed with
4. That on 1997, passed away as result of
5. That on 2003, my mother filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of
6. That our claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

1-9-06
DATE

WITNESS

1/9/08
DATE

**ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

IN RE THE MATTER OF:

Employee,

Claimant.)

)
)
) File No
)

AFFIDAVIT

I, _____ being first duly sworn, deposes on oath
states, that if called as a witness in this matter, I would competently testify as follows:

1. That I am of lawful age and under no legal disability.
2. That I am the daughter of _____ and have both direct and indirect
knowledge as to the following facts through personal knowledge and discussions
with my father:
 - A. That _____ was employed at Blockson Chemical between
1947 and 1970.
 - B. That _____ regularly worked in Building 55 at the Blockson
Chemical plant in Joliet, Illinois between the years of 1952 and 1962 in
the capacity of _____
 - C. That _____ regularly worked more than 40 hours per week at
Blockson Chemical during the aforementioned time frame.
 - D. That _____ was never provided with any protective gear as
part of his employment with Blockson Chemical.
 - E. That neither the government nor Blockson Chemical ever monitored
exposure to radioactive materials.

- F. That neither the government nor Blockson Chemical ever monitored the radiation levels and/or exposure of Building 55 during the period of employment.
3. That in 1997 [redacted] was diagnosed with [redacted]
4. That on [redacted] 1997 [redacted] passed away as result of his cancer.
5. That I filed a claim under the Energy Employees Occupational Illness Compensation Program Act on behalf of [redacted]
6. That my claim was denied by the United States Department of Labor as the likelihood of probability that my father's exposure to radioactive materials was less than 50 percent.

Further, affiant, sayeth not.

CERTIFICATION

Under penalties as provided by law, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to those matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

Dec. 15, 2005
DATE

Dec 15 2005
DATE